

HONOLULU ETHICS COMMISSION

925 DILLINGHAM BOULEVARD, STE. 190, HONOLULU, HI 96817

TEL: (808) 768-9242 FAX: (808) 768-7768

Email: ethics@honolulu.gov

Website: http://www.honolulu.gov/ethics/

HOHOLULU ETHICS COMMISSION RECEIVED

JAN 13 P12:45

THIS SPACE FOR OFFICE USE ONLY

2020 REGISTRATION

Lobbyist Registration (Type or Print Clearly)

PART I LOBBYIST				
NAME (Last) (First) (Middle)				
Lee, Brian				
LOBBYIST FIRM/EMPLOYER (if applicable)		TELEPHONE		
Hawaii Laborers-Employers Cooperation and Education Trust		(808) 845-3238		
MAILING ADDRESS (No. and Street or P.O Box)		FAX (808) 845-8300		
650 Iwilei Road, Suite 285		EMAIL info@hawaiilecet.org		
(City) Honolulu	(State) HI	(Zip Code) 96817		

DART II A ORGANIZATION			
PART II.A ORGANIZATION			
NAME OF ORGANIZATION YOU LOBBY FOR (Do not abbreviate)		TELEPHONE	
Hawaii Laborers-Employers Cooperation and Education Trust		(808) 845-3238	
MAILING ADDRESS (No. and Street or P.O. Box)		FAX (808) 845-8300	
650 Iwilei Road, Suite 285		EMAIL info@hawaiilecet.org	
(City) Honolulu	(State) HI	(Zip Code) 96817	
ESTIMATED NUMBER OF MEMBERS	J.	▼ Not Applicable	
METHODS USED BY MEMBERS TO MAKE POLICY DECISIONS			▼ Not Applicable

PART II.B NO LONGER LOBBYING	ŧ
☐ I am no longer authorized to lobby on behalf of the organization in Part II.A	DATE

NOTE: This is a public document.

▼Business & Economic Development		☑Customer Services
⊠ Culture & Arts	⊠Housing	☑Public Works, Infrastructure & Sustainability
■Parks & Recreation	☑Public Health, Safety & W	elfare Tourism
⊠ Transportation	⊠Zoning & Planning	□Specific Legislation: □Additional Sheet(s) Attached Bill No(Year) Reso No Admin. Rule No Dept
□Other (indicate below):		
DART IV LORDVICT	SERTIFICATION	
PART IV LOBBYIST	EKHILICATION	
I hereby certify that the foregoi correct.	ing statements are the and	ubscribed and sworn to before me

This 6th day of January

My commission expires:

Joy Y.N. Kimura NOTARY OR ANY OFFICIAL AUTHORIZED TO ADMINISTER OATHS

By:

11/20/2020

PART V AUTHORIZATION 1	TO LOBB	Y					
NAME TITLE OF AUT		THORIZING OFFICER OR PERSON					
rian Lee REPRESENTE		ED Director					
NAME OF ORGANIZATION (if applicable)		TELEPHONE					
Hawaii Laborers-Employers Cooperation and Education Trust		(808) 845-3238					
MAILING ADDRESS (No. and Street or P.O Box)		FAX	(808) 845-8300				
650 Iwilei Road, Suite 285							
			EMAIL	info@hawaiilece	et.org		
(City) Honolulu	(State)		(Zip Code) 96817				
I hereby authorize the above-named pe	rson to enga	ge in lobbying a	activities	on behalf of the		gned.	
(Signature of Authorizing Officer or Pers	son Represe	nted)	Doc	. Date: 1-6-20	(Date)	#Pages:	ュ
			Nota	ITY Name: Joy Y.N	Kimura	IST	Circuit

NOTE: This is a public document.

1-6-20

Doc. Description: 2020 Udday 181